



Town of Wake Forest  
**EMPLOYMENT APPLICATION**

An Equal Opportunity/Affirmative Action Employer  
Application may be mailed or hand-delivered to:  
Department of Human Resources  
401 Elm Avenue  
Wake Forest, NC 27587

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received by the Human Resources Department by 5:00 p.m. on the closing date posted to ensure consideration. The Town **DOES NOT** accept **FAXED** applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice", **APPLY IMMEDIATELY**

**INFORMATION:**

- (1) Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_
- (2) Date available to start work: \_\_\_\_\_
- (3) Are you seeking: Full-time Part-time Temp Summer \_\_\_\_\_
- (4) NAME: \_\_\_\_\_  
(last) (first)  
(middle)
- (5) ADDRESS: \_\_\_\_\_  
(Street or P.O. Box) (City,  
State, Zip Code)
- (6) Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_
- (7) Are you 18 or older? Yes \_\_\_ No \_\_\_ If you answered No, what is your birth date? \_\_\_\_\_

**GENERAL INFORMATION:**

- (9) Apart from absences for religious observances, will you accept employment requiring night work or weekend work? Yes \_\_\_ No \_\_\_
- (10) Have you ever been employed with the Town of Wake Forest? Yes \_\_\_ No \_\_\_  
If so, what department and when? \_\_\_\_\_
- (11) Have you applied to the Town of Wake Forest before? Yes \_\_\_ No \_\_\_  
If so, what position and when? \_\_\_\_\_
- (12) Are you now or were you ever previously related in any way to a Town employee?  
Yes \_\_\_ No \_\_\_ If Yes, give name, relationship, and department: \_\_\_\_\_
- (13) Are you able to perform all of the duties of the job for which you have applied? Yes \_\_\_ No \_\_\_
- (14) Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

*NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into*

consideration.

(15) Are you an American citizen or do you currently have authorization to work in the U.S.?

Yes \_\_\_\_ No \_\_\_\_

(16) Did you receive any of your education or employment experience under another name?

Yes \_\_\_\_ No \_\_\_\_ If Yes, please explain: \_\_\_\_\_

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## EDUCATION

Provide your complete history.

(17) Indicate highest school year completed: (for example: 8th grade; 12th grade) \_\_\_\_\_

(18) Name of High School City & State \_\_\_\_\_

(19) Have you received a high school diploma or equivalent? Yes \_\_\_\_ No \_\_\_\_

Education Beyond High School	Name and Location	Attended From Mo/Yr - Mo/Yr	Did You Graduate?	Credit Hours	Degree, Certificate Earned or No. of Yrs.	Major Minor
Colleges Universities			Yes No			
Graduate or Professional Schools			Yes No			
Technical Institutes, Internship, Other			Yes No			

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## KNOWLEDGE, SKILLS, & ABILITIES:

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

\_\_\_\_\_

- (a) \_\_\_\_\_ (e) \_\_\_\_\_  
 (b) \_\_\_\_\_ (f) \_\_\_\_\_  
 (c) \_\_\_\_\_ (g) \_\_\_\_\_  
 (d) \_\_\_\_\_ (h) \_\_\_\_\_

## **REGISTRATION, LICENSES, CERTIFICATIONS:**

(24) List fields of work for which you have been registered, licensed, or certified.

Registration: State: \_\_\_\_\_ No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Registration: State: \_\_\_\_\_ No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Other: \_\_\_\_\_

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank.

**Driver's License No.: State:** \_\_\_\_\_

(26) Is your driver's license a Commercial Driver's License? Yes \_\_\_\_ No \_\_\_\_ If Yes, indicate the class

\_\_\_\_\_

## **EMPLOYMENT**

Record your complete work history in the spaces below. If needed, additional sheets, containing the same information and in the same format, are acceptable. BEGIN with your CURRENT or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume is NOT acceptable.**

### **A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)\*\***

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name & Title of Most Current Supervisor: \_\_\_\_\_

Full-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ Part-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ If part-time, give the number of hours worked per week: \_\_\_\_\_

DUTIES, IN ORDER OF IMPORTANCE: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\*\*May we contact your current employer? Yes \_\_\_\_ No \_\_\_\_

### **B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment.)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name & Title of Most Current Supervisor \_\_\_\_\_:

Full-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ Part-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ If part-time, give the number hours worked  
per week: \_\_\_\_\_

DUTIES, IN ORDER OF IMPORTANCE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment.)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer or Company Address \_\_\_\_\_:

Name & Title of Most Current Supervisor \_\_\_\_\_:

Full-time: Yrs. Mos. Part-time: Yrs. Mos. If part-time, give the number of  
hours worked per week:

DUTIES, IN ORDER OF IMPORTANCE:

REASON FOR LEAVING

**D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment.)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name & Title of Most Current Supervisor: \_\_\_\_\_

Full-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ Part-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ If part-time, give the number of hours  
worked per week: \_\_\_\_\_

DUTIES, IN ORDER OF IMPORTANCE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment.)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name & Title of Most Current Supervisor \_\_\_\_\_:

Full-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ Part-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ If part-time, give the number of hours  
worked per week \_\_\_\_\_:

DUTIES, IN ORDER OF IMPORTANCE: \_\_\_\_\_

REASON FOR

LEAVING \_\_\_\_\_

**F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment.)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name \_\_\_\_\_: Telephone Number: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name & Title of Most Current Supervisor : \_\_\_\_\_

Full-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ Part-time: Yrs. \_\_\_\_ Mos. \_\_\_\_ If part-time, give the number of hours  
worked per week : \_\_\_\_\_

DUTIES, IN ORDER OF IMPORTANCE: \_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Please use this space if you wish to include additional information or explanation:

\_\_\_\_\_  
\_\_\_\_\_

**Certification and Release (MUST BE SIGNED & DATED BELOW)**

To the best of my knowledge, the information given on this application is truthful, and accurately represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified, or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with The Town of Wake Forest.

I authorize my current and former employers to give any information regarding me, and my employment with them. I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certifications earned, to The Town of Wake Forest. Likewise, I authorize associations, registration and licensing boards to furnish whatever detail is available concerning my qualifications. I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality, notwithstanding any provision of State or Federal Law.

I authorize The Town to conduct a Police, Court, Credit, and/or Motor Vehicle Records Investigation of my background.

I understand that upon offer of employment from The Town of Wake Forest, I will be tested for drug and alcohol use. I consent to the testing and understand that the results of such testing could preclude my employment with The Town.

I understand and acknowledge that should I obtain employment with the Town of Wake Forest, then I serve “at will”. This means that I may be terminated at any time with or without cause. I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

SIGNATURE DATE \_\_\_\_\_

Revised June 13, 2003